

MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Vicki Schmidt at 1:30 p.m. On February 7, 2011, in Room 546-S of the Capitol.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes  
Katherine McBride, Office of the Revisor of Statutes  
Iraida Orr, Legislative Research Department  
Carolyn Long, Committee Assistant

Conferees appearing before the Committee:

Dr. Andy Allison, Kansas Health Policy Authority  
Ron Hein, Kansas Physical Therapy Association  
Carolyn Bloom, physical therapist

Others attending:

See attached list.

Bill Introductions

Senator Steve Abrams requested introduction of legislation designating certain drugs as a controlled substance, mirroring legislation that was introduced in the House. There was no objection to the introduction of this legislation and was carried on a voice vote.

Senator Vicki Schmidt requested legislation coming from the Regional Trama Council. There being no objection the motion carried on a voice vote.

The Chair welcomed Dr. Andy Allison, Executive Director, Kansas Health Policy Authority. Dr. Allison gave an over-view of the KHPA by stating that the Agency's priorities were to eliminate the clearinghouse backlog, address the Medicaid cost crisis, and implementing the Governor's proposed restructuring. After some questions from the committee, Dr. Allison was asked by the Chair, due to a time restriction, to please return to complete his presentation at a future date. At that time he was asked to present a copy of the application used by the Agency to obtain their information regarding simplification of income data (Attachment #1).

The Chair opened the hearing on **SB 76—Representation of licensure; certification and credentials of doctors of physical therapy and physical therapy assistants.**

Ron Hein, legislative counsel for the Kansas Physical Therapy Association, testified supporting this legislation. The bill amends the definitions section and the title protection section of the physical therapy licensure act. The amendments permit licensees to use the term "doctor of physical therapy" if they have earned a doctorate. Current law only permits the licensees to use the term DPT, but not "doctor". In addition the amendments in the bill will permit licensees to use degrees or professional certifications which they have earned (Attachment #2).

Carolyn Bloom, a physical therapist, supported the legislation allowing therapists to make the public aware of advanced degrees (Attachment #3).

Also speaking in favor of the bill was Erin Hignight, a student at Baker University (Attachment #4), Candy Bahner, Assistant Chair and Director of Clinical Education for the Doctor of Physical Therapy Program at Wichita State University (Attachment #5). Mary Moore, Executive Director of the Kansas Physical Therapy Association presented written testimony stating the intent of the bill's language to allow PT's and PTA's the right to utilize any designations and terms of their education (Attachment #6).

## CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 p.m. On February 7, 2011 in Room 546-S of the Capitol.

Presenting neutral testimony was Dan Morin, Director of Government Affairs, Kansas Medical Society. Mr. Morin stated that when a doctoral degree is cited among an individual's professional qualifications in any form of advertisement or other patient communication, the field of study for the degree should be specified in order to avoid confusion and/or misrepresentation. He stated the proposed legislation does not mandate disclosure of any title or earned degree and proper usage in written communication should be mandated (Attachment #7).

Written testimony was also presented by Kathleen Selzler Lippert, Executive Director of the Kansas Board of Healing Arts, stating that the language in the proposed legislation may be misleading to the public and create confusion or the opportunity for misrepresentation (Attachment #8).

The meeting adjourned at 2:30 p.m.

The next meeting is scheduled for February 8, 2011.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: Monday, February 7, 2011

NAME	REPRESENTING
Leigh Keck	Capitol Strategies
Scott Brunner	KCHPA
Barb Langer	KCHPA
Andy Allison	KCHPA
Dustin Meyer	KCHPA
Dan Morin	KMS
John Kiefhaber	Ks. Chiropractic Assoc.
Dodie Weershear	Ks Academy of Family Physicians
Mandy Miller	SCKS
Bob Williams	Ks. Assoc. of Osteopathic Med
Mary Ellen Andee	Central Plains H Care Foundations
Laminar Brown	Aetna / medco
Colin Tronasset	ACMHEK
Mike Hammond	<del>ACMHEK</del>
Connie Hubbell	Kanu
Scott Janssen	MedCommune
Nancy Zogoman	Polsinelli
Chy Campbell	KMHC

## COMMITTEE GUEST LIST

DATE: Monday, February 7, 2011

[illegible]





## Kansas Health Policy Authority: Agency Priorities and Transition

Senate Public Health and Welfare  
February 7, 2011

Dr. Andrew Allison, KHPA Executive Director



## Current Agency Priorities

- Eliminating the Clearinghouse backlog
- Addressing the Medicaid Cost Crisis
  - Medicaid cost savings RFI
  - RAC audit procurement
  - Lt. Governor's effort to remake Medicaid
- KHPA restructuring
- *Other operational priorities*
  - K-MED eligibility system procurement
  - Assisting KID in applying for the Early Innovator Award
  - Securing analytic help to develop State options for reform



## Eliminating the Backlog of Applications at the Clearinghouse

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## Clearinghouse Backlog

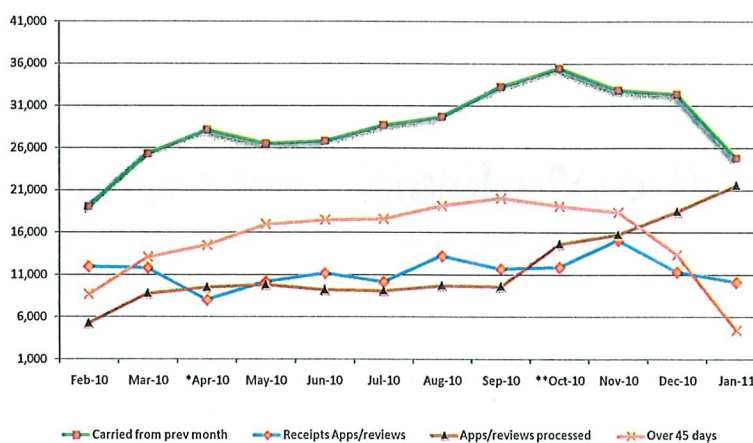
- KHPA has continued to work towards eliminating the backlog and expects to have it resolved by March
- KHPA Board approved two rounds of eligibility simplifications to speed applications and achieve permanent reduction in processing costs
- A \$1.2 Million federal CHIPRA bonus grant was awarded to KHPA in August
  - Two-thirds of funding used to hire temporary workers to reduce the backlog
  - Remaining funds put towards CHIP funding shortfall
  - Second award of over \$2 M has applied to CHIP funding
- Clearinghouse contractor paying to reduce about 25% of the backlog

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## Clearinghouse Backlog

Clearinghouse Workload Analysis



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## Clearinghouse Backlog

	Feb-10	Mar-10	*Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	**Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Totals
Carried from prev month	19,156	25,420	28,244	26,611	26,935	28,833	29,817	33,376	35,602	33,012	32,495	24,933	13,431	
Receipts Apps/reviews	12,007	11,884	8,099	10,223	11,241	10,221	13,299	11,772	11,982	15,154	11,428	10,217		137,527
Apps/reviews processed	5,322	8,842	9,595	9,884	9,291	9,188	9,794	9,681	14,709	15,818	18,543	21,615		142,282
Over 45 days	8,766	13,164	14,583	17,048	17,575	17,701	19,255	20,176	19,222	18,515	13,471	4,575		

\* Numbers reflect impact of the implementation of the 60 days extension for all reviews resulting in the number of reviews received to drop for a month.

\*\* Numbers reflect the addition of 16 staff as of 9/27/2010

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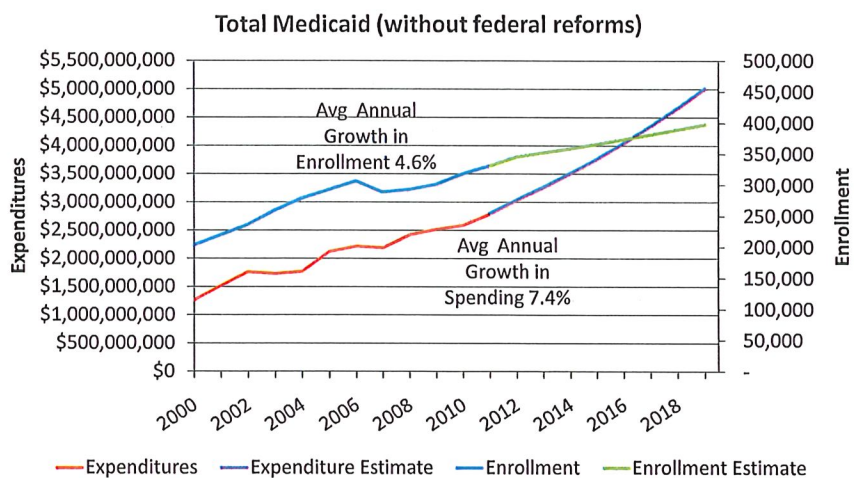


## The Medicaid Cost Crisis

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## Potential Growth in Kansas Medicaid

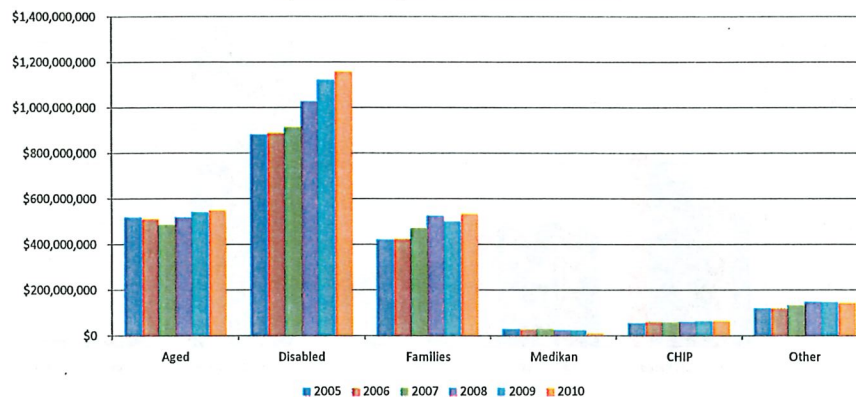


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## Recent Growth in Spending by Population

Population Expenditures 2005-2010

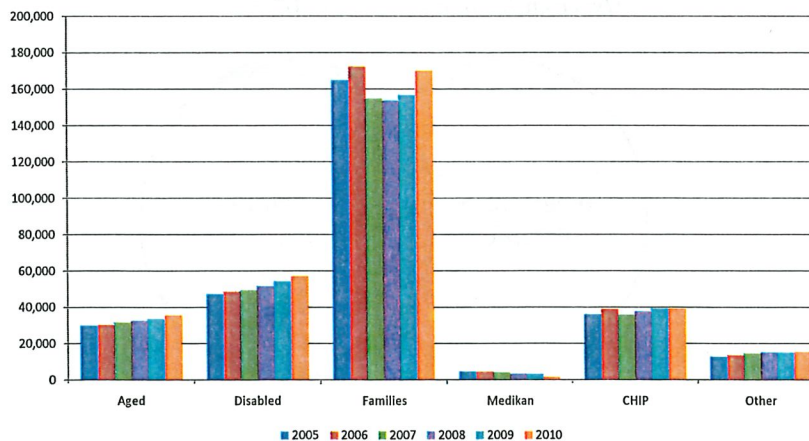


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## Recent Growth in Enrollment

Population Enrollment 2005-2010



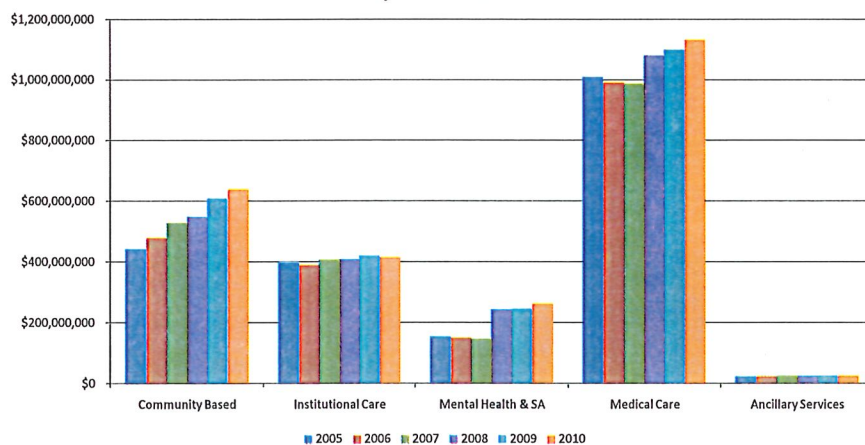
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## Recent Growth in Spending by Type of Service

Service Expenditures 2005-2010

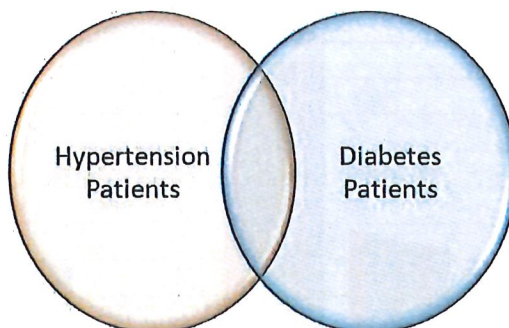


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## Chronic Conditions Among Disabled Recipients

Hypertension and Diabetes Patients



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## Chronic Conditions Among Disabled Recipients

### SSI Disabled Hypertension Patients Expenditure by Episodes of Care

Episode of Care	FY 07 Expenditure	FY 08 Expenditure	FY 09 Expenditure
*Mental Health	\$ 19,470,626.53	\$ 10,545,687.92	\$ 6,838,631.14
Diabetes	\$ 8,933,706.96	\$ 10,459,032.98	\$ 9,670,361.45
Mental Hlth - Schizophrenia	\$ 10,451,819.31	\$ 6,997,382.24	\$ 6,838,631.14
Hypertension, Essential	\$ 8,277,959.76	\$ 7,269,614.69	\$ 7,160,513.93
Pneumonia, Bacterial	\$ 4,505,617.72	\$ 5,807,120.88	\$ 6,002,822.42
Coronary Artery Disease	\$ 5,208,510.50	\$ 5,407,204.51	\$ 5,417,332.81
Condition Rel to Tx - Med / Surg	\$ 4,547,452.49	\$ 3,898,230.61	\$ 3,579,839.59
Renal Function Failure	\$ 3,572,006.44	\$ 3,804,726.71	\$ 3,977,878.37
Osteoarthritis	\$ 3,379,792.86	\$ 3,822,330.31	\$ 3,690,618.09
Infect/Inflam - Skin / Subcu Tiss		\$ 5,681,519.28	\$ 4,869,995.61
Mental Hlth - Depression	\$ 3,552,531.06	\$ 3,548,305.68	
Mental Hlth - Bipolar Disorder	\$ 5,466,276.16		
Cerebrovascular Disease			\$ 3,699,274.31
<b>Total Expenditure</b>	<b>\$ 57,895,673.26</b>	<b>\$ 56,695,517.89</b>	<b>\$ 54,927,267.72</b>
<b>Total SSI Population Expenditure</b>	<b>\$ 286,412,407.71</b>	<b>\$ 306,144,449.37</b>	<b>\$ 321,739,482.70</b>
<b>Hypertension Patients Percentage of SSI</b>			
<b>Total Expenditure</b>	<b>20.2%</b>	<b>18.5%</b>	<b>17.1%</b>

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## Chronic Conditions Among Disabled Recipients

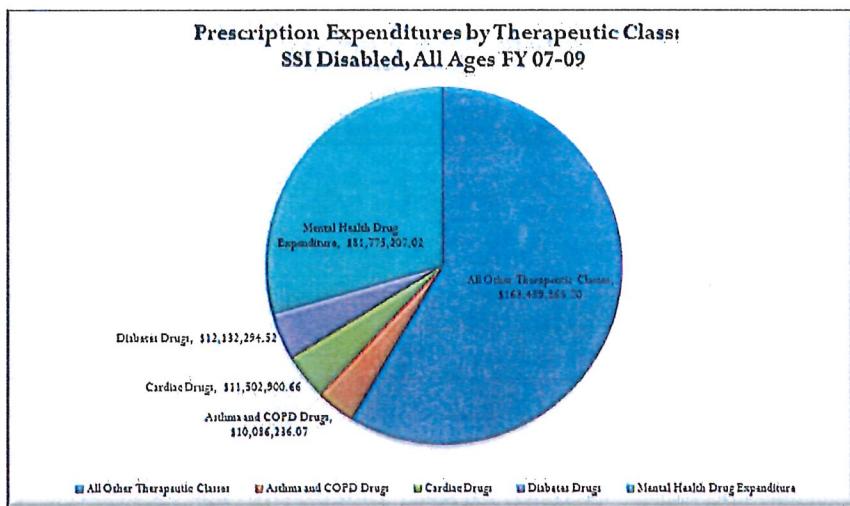
### SSI Disabled Diabetes Patients Expenditure by Episodes of Care

Episode of Care	FY 07 Expenditure	FY 08 Expenditure	FY 09 Expenditure
*Mental Health	\$ 14,461,090.60	\$ 10,650,256.31	\$ 4,917,227.58
Diabetes	\$ 15,758,609.36	\$ 18,078,677.22	\$ 17,599,448.54
Mental Hlth - Schizophrenia	\$ 7,910,255.11	\$ 5,147,486.72	\$ 4,917,227.58
Infect/Inflam - Skin / Subcu Tiss	\$ 4,089,968.31	\$ 5,703,397.89	\$ 4,364,837.17
Pneumonia, Bacterial	\$ 4,106,881.89	\$ 4,293,006.98	\$ 4,156,101.39
Coronary Artery Disease	\$ 4,127,257.39	\$ 3,752,721.62	\$ 4,138,178.87
Hypertension, Essential	\$ 3,678,536.60	\$ 2,828,879.71	\$ 3,185,540.33
Condition Rel to Tx - Med / Surg	\$ 3,115,907.88	\$ 2,990,364.12	\$ 3,353,517.37
Renal Function Failure	\$ 2,652,392.87	\$ 2,422,917.42	\$ 2,474,299.74
Mental Hlth - Bipolar Disorder	\$ 3,776,999.09	\$ 2,688,455.65	
Mental Hlth - Depression	\$ 2,773,836.40	\$ 2,814,313.94	
Chronic Obstructive Pulm Dis (COPD)			\$ 2,157,424.34
Osteoarthritis			\$ 2,050,514.94
<b>Total Expenditure</b>	<b>\$ 51,990,644.90</b>	<b>\$ 50,720,221.27</b>	<b>\$ 48,397,090.27</b>
<b>Total SSI Population Expenditure</b>	<b>\$ 286,412,407.71</b>	<b>\$ 306,144,449.37</b>	<b>\$ 321,739,482.70</b>
<b>Diabetes Patients Percentage of SSI Total Expenditure</b>	<b>18.2%</b>	<b>16.6%</b>	<b>15.0%</b>

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## Chronic Conditions Among Disabled Recipients



## Medicaid Cost Containment — Remaking the Program





## FY 2012 Budget initiative: Recovery Audit Contract

### Recovering Misspent Dollars

- The Kansas State Legislature in the 2010 legislative session passed legislation (House Substitute for Senate bill 572) directing the Kansas Health Policy Authority establish a pilot project for Health Care Cost Containment and Recovery Services to be implemented regarding programs of state agencies or programs responsible for payment of Medicaid or State Employee Health Plan medical or pharmacy claims .
- The state further provided that the pilot project be implemented in such a manner as to coordinate with the federal requirements to establish a Medicaid Recovery Audit Contract pursuant to the federal Patient Protection and Affordable Care Act, H.R. 3590 (ACA).
- The RAC Program's mission is to reduce Medicaid and CHIP improper payments through the efficient detection and collection of overpayments, the identification of underpayments and the identification of actions that will assist KHPA in preventing future improper payments.

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## FY 2012 Budget initiative: Recovery Audit Contract

### Recovering Misspent Dollars

- RFP was developed with all agencies input, closed on October 29.
- Bidders required to guarantee at least 90% of projected recoveries to ensure legitimate bids and enhance competition.
- KHPA awarded the contract to Health Data Insight (HDI) in early December.
- HDI to find overpayments and recover excess funds.
- HDI promised a minimum collection of \$16.08 million over the FY 2011-2013 period.
  - \$4.5 million for Medicaid recoveries (SGF)
  - \$2 million in SEHBP recoveries
  - \$6.8 million returned to the Federal government (60% of net Medicaid recovery)
  - \$2.8 million in expected recovery contingency fees for HDI (17%)
- Recoveries are expected to exceed the contractor's guarantees.

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## Medicaid Cost Containment: Options

### Avoiding unnecessary spending

- Available approaches to reduce Medicaid spending
  - Reduce payments
  - Reduce eligibility
  - Reduce range of services offered
  - Lower utilization through appropriate management and improved services
- Limitations on state flexibility
  - Eligibility maintenance of effort (MOE) requirement began in ARRA and was made permanent in the ACA
  - Potential legal restrictions on state flexibility to reduce payments
  - Vast majority of optional spending is for services that either improve health, lower overall costs, or could be protected by the MOE
- Best available options are to redesign program payments, coordinate care, address unnecessary utilization and ensure positive incentives for both consumers and providers to achieve high quality care

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## Medicaid Cost Containment: Initiatives

### Avoiding unnecessary spending

- KHPA solicited Medicaid cost-saving ideas in an open call in February 2010. Dozens of ideas were summarized in a Medicaid savings options report submitted to the legislature.
- KHPA hosted a Forum on Cost Drivers in Medicaid April 26, 2010 for stakeholders, providers, state agencies and legislators to identify sources of growth and discuss potential solutions.
- KHPA developed a Request for Information (RFI) to seek products and services from vendors that could reduce Medicaid costs (responses were due October 29, 2010). *See attached summary of responses.*
- Governor Brownback has identified Medicaid spending as unsustainable, and one of three fiscal priorities to address the state's structural deficit
- Lt. Governor Dr. Jeff Colyer is leading an effort to be spearheaded by the HHS Sub-Cabinet to remake Medicaid. The Administration is soliciting ideas for pilot programs and reforms to curb growth, achieve long-term reform, and improve the quality of services in Medicaid. (Responses are due to Dr. Barb Langner at KHPA February 28)

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## Medicaid Cost Containment: Keys to Success

- Recognizing the need for change
- Understanding the cost drivers and potential solutions
- Political ownership of the program and its challenges
- Strong leadership and a sustained effort
- Active engagement with Kansas health care community
- Timely action and fundamental changes
- Coordinating care across service categories
- Revisit Federal limits, requirements and mandates

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## Agency Restructuring

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## Agency Restructuring

- Governor Brownback has issued a Executive Reorganization Order merging KHPA into the Department of Health and Environment
- Executive Reorganization Order to be put forward
  - EROs take effect on July 1<sup>st</sup>
  - KHPA Board remains the head of the agency through June
- KHPA Board will scale back operations and cede leadership on policy choices affecting FY 2012 and beyond
- Staff are working closely with KDHE and the Administration
  - Identifying administrative efficiencies
  - Planning for program integration
  - Supporting the Lt. Governor's HHS Sub-Cabinet Team
  - Coordinating on major procurements and interagency projects

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<http://www.khpa.ks.gov/>

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*Ronald R. Hein*

*Attorney-at-Law*

Email: rhein@heinlaw.com

**Testimony Re: SB 76  
Senate Public Health and Welfare Committee  
Presented by Ronald R. Hein  
on behalf of  
Kansas Physical Therapy Association  
February 7, 2011**

Madam Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Physical Therapy Association. The Kansas Physical Therapy Association (KPTA) is non-profit professional association representing physical therapists, physical therapist assistants who are licensed to practice in Kansas, and Kansas physical therapist students and physical therapist assistant students. KPTA is a chapter of the American Physical Therapy Association (APTA), the national professional organization representing more than 75,000 members.

KPTA supports SB 76, which amends the definitions section and the title protection section of the PT licensure act. The amendments permit licensees to use the term "doctor of physical therapy" if they have earned a doctorate pf physical therapy. Current law only permits the licensees to use the term "D.P.T.", but not "doctor of physical therapy". In addition, the amendments in the bill will permit licensees to use degrees or professional certifications which they have earned behind their name. Currently, BOHA legal counsel have advised the KPTA that licensees cannot use credentials which they have properly earned, whether post graduate degrees or professional certifications..

On behalf of the KPTA, we urge your support for SB 76.

Thank you very much for permitting me to testify, and I will be happy to yield to questions.

Senate Public Health & Welfare

Date 2-7-2011

Attachment 2

Senate Public Health and Welfare Committee  
Re: SB 76  
February 7, 2011

Chairwoman Schmidt and Honorable Committee Members:

Thank you for allowing me to testify today and ask your support for SB 76.

I am Carolyn Bloom, a physical therapist who has practiced in for 38 years, and currently the Chair of the Physical Therapy Advisory Council of the KS State Board of Healing Arts. In June of last year, I became aware of the legal interpretation of KSA 65-2901 (b) regarding the allowable professional designations for physical therapists and physical therapist assistants per the disciplinary council of the Board of Healing Arts. In the past, the understanding was that the letters 'DPT' also allowed therapists with a clinical doctorate to use 'Doctor of Physical Therapy' as well as 'Dr.' before their names with explanation of being a physical therapist. It was also believed that licensees with additional education could use their earned degrees and include the professional letters of 'PhD, EdD, or any other doctorate degree letters' or the letters of an earned specialty educational area such as 'orthopedic clinical specialist or 'OCS". After a crash course on 'statutory construct' and 'inclusive language intent' the Council was more knowledgeable on the terms and letter designations legally allowed and not allowed for licensees in Kansas. The Board Council stated that KSA 65-2901 would need to be changed to allow the above professional designations to be used for Kansas physical therapists and physical therapist assistants.

I polled the other Chairs of state physical therapy regulatory boards last October at the annual Federation of State Boards of Physical Therapy and only one other state Chair was aware that their licensees with a clinical doctorate degree could not call themselves a 'Doctor of Physical Therapy or use 'Dr' with their names. The Federation of State Boards of Physical Therapy has a Model Practice Act that is now in the fifth edition. The language of the fourth edition was the model for the addition of adding 'DPT' as a protected term when the Kansas universities moved to granting a 'doctorate in physical therapy' degree.

SB 76 is attempting to include the legally correct wording to allow Kansas Physical Therapists and Physical Therapist Assistants to use all the designations and terms of their education and to make the public aware of these advanced degrees, specialties and honors such as a Fellow of the American Physical Therapy Association.

I urge your support for SB 76 and I will answer any questions. Thank you.

Carolyn Bloom, PT  
1045 SW Gage Blvd.  
Topeka, KS 66604

Senate Public Health & Welfare  
Date 2-7-2011  
Attachment 3

Testimony to the  
Senate Public Health and Welfare Committee  
Regarding Senate Bill 76  
By Erin Hignight  
February 7, 2011

816 Fremont Street  
Baldwin City, KS 66006

Chairwoman Schmidt and Honorable Committee Members:

My name is Erin Hignight. I am a senior at Baker University and will graduate in May with a Bachelor of Exercise Science degree in preparation to a graduate clinical doctorate degree in physical therapy. This is the time I am looking at the educational programs in physical therapy across the nation, but I planned to stay in Kansas for the remainder of my education. Three generations of my family live in and around Independence, Kansas and I wish to practice close to home if possible.

It is important to me to be able to introduce myself as Dr. Hignight, your physical therapist, after three post graduate years of education and proving my competency by passing a national licensure examination. I would be able to do this in all the states around Kansas.

Please support SB 76 to help keep students such as myself in Kansas, to spend our tuition dollars in Kansas, and to provide future rehabilitation care to our fellow Kansans.

Thank you for your support of SB 76.

Erin Hignight

Senate Public Health & Welfare  
Date 2-7-2011  
Attachment 4



Testimony to the  
Senate Public Health and Welfare Committee  
Regarding Senate Bill 76  
By Candy Bahner, PT, DPT  
February 7, 2011

Madam Chair and members of the Committee, thank you for allowing me the opportunity to appear before you today and ask for your support of S.B. No. 76. My name is Candy Bahner and I have been a physical therapist in Kansas since September 23, 1978. Currently I am employed as the Assistant Chair and Director of Clinical Education for the Doctor of Physical Therapy Program at Wichita State University in Wichita, Kansas. Some of you may remember me from when I served as the Kansas Physical Therapy Association (KPTA) President and stood before you asking for your support of S.B. No. 225 in 2003. Senate Bill No. 225 made substantial changes to the laws governing physical therapists (PT's) and physical therapist assistants (PTA's), including the change of credentialing status of PT's from registration to licensure.

When S.B. No. 225 was passed, it was the KPTA's intent and understanding that the designations, words/terms and initials outlined in K.S.A. 65-2901 (b) and (C), and in K.S.A. 65-2913 (a) and (b) were there to protect the designations, words/terms and initials, and thus prevent anyone who didn't meet the requirements to be a PT or PTA from using those designations, words/terms and initials. The KPTA's intent and understanding of S.B. No. 225 was never to prohibit PT's and PTA's from being able to list or use in conjunction with their name any letters, words, abbreviations or other insignia to designate any educational degrees, certifications or credentials which they had rightfully earned.

From the passage of S.B. No. 225 through October of 2010, the KPTA and the PT's and PTA's in Kansas had been conducting themselves and their businesses with that understanding. Thus, we were extremely surprised when we learned in October (October 27, 2010 Kansas Board of Healing Arts PT Advisory Council meeting) that the Kansas Board of Healing Arts had taken action against a PT with a Doctor of Physical Therapy degree for using the term Doctor of Physical Therapy in conjunction with her name in an advertisement. It was the understanding of KPTA leadership present at the October 27, 2010 meeting, that the current Kansas Board of Healing Art's attorneys and Executive Director were interpreting K.S.A. 65-2901 (b) and (c) to be "inclusive", and mean that PT's and PTA's could only use the designations, words/terms, initials and insignias contained in those paragraphs and no others. Thus, every PT who uses any of the specialty designators, other degrees, or any other credential(s) after their name other than those listed in the statute would be in violation of the statute and could have disciplinary action taken against them.

Currently in Kansas, the entry level degree for PT's is the Doctor of Physical Therapy degree and has been since 2007. In the United States, of the 212 accredited physical therapy programs on January 28, 2010, 203 were Doctor of Physical Therapy programs. In fact, the Commission on Accreditation in Physical Therapy Education will require all programs to offer the Doctor of Physical Therapy degree effective December 31, 2015.

Senate Public Health & Welfare  
Date 2-7-2011  
Attachment 5

Besides a physical therapy degree, PT's and PTA's may choose to go for an additional degree(s) (MS, MA, MSc, MBA, MPH, ScD, DSc, PhD, EdD, JD, PsyD, etc.) or choose to acquire advanced certifications/credentials (OCS, ECS, GCS, NCS, PCS, SCS, WCS, CCI, etc.). Currently the American Board of Physical Therapy Specialties (ABPTS) offers eight (8) specialty certifications. As of June 2010, the ABPTS has certified 38 Kansas licensed PT's as clinical specialists: 8 Geriatric Certified Specialists (GCS), 1 Neurologic Certified Specialist (NCS), 21 Orthopaedic Certified Specialists (OCS), 2 Pediatric Certified Specialists (PCS), 5 Sports Certified Specialists (SCS) and 1 Women's Health Certified specialist (WCS). According to the ABPTS, these individuals have earned the right to designate their certification by use of the initials "CS" (Certified Specialist) immediately following the initial of their specialty area.

I am proud to say I have earned a Bachelor of Science Physical Therapy degree, a Master of Science Education degree and a Doctor of Physical Therapy Degree. I have also earned credentialing as a Credentialed Clinical Instructor. My latest diploma reads "Candace A. Bahner has been admitted to the degree of Doctor of Physical Therapy with distinction and is entitled to all the rights, privileges, and dignities which pertain to that degree." Thus, I am entitled to the right and privilege to say, to call, and to advertise that I am a Doctor of Physical Therapy.

In my employment at Wichita State University and my previous employment at Washburn University, I am/was expected to designate my licenses and degrees after my name. Upon receiving my Doctor of Physical Therapy degree it was expected that I be addressed as Dr. Bahner and that I indicate all my licenses, degrees and certifications after my name. However, it is my understanding that the current Kansas Board of Healing Arts would consider that a violation of K.S.A. 65-2901.

Thus, I ask that you please support S.B. No. 76 and allow PT's and PTA's to list and use in conjunction with their name, any letters, words, abbreviations or other insignia to designate any educational degrees, certifications, or credentials which they have rightfully earned. As I indicated before, we are not asking for something new, as this was the intent and understanding of S.B. No. 225 up until the current Kansas Board of Healing Art's attorneys and new Executive Director interpreted it differently.

Thank you for the opportunity to appear before you. I would be happy to respond to any questions you might have.

Candy Bahner, PT, DPT  
Phone: 785-456-5748  
Email: candy.bahner@wichita.edu



# KANSAS PHYSICAL THERAPY ASSOCIATION

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Sue Willey, PT

Christina Wisdom, PT, DPT, OCS

Mary Moore  
Executive Director

## Testimony to the Senate Public Health and Welfare Committee Regarding Senate Bill 76 By Mary Moore February 7, 2011

Chairwoman Schmidt and Honorable Committee Members:

My name is Mary Moore, Executive Director of the Kansas Physical Therapy Association (KPTA). I am writing today on behalf of the Kansas Physical Therapy Association asking for your support of S.B. 76.

In October of 2010, the KPTA became aware of limitations being imposed upon the use of the term "Doctor of Physical Therapy" and usage by PT's and PTA's of specialty designators, other degrees, or any other credential(s) after their name other than those listed in K.S.A. 65-2901 (b) and (c).

During the October 27, 2010 KSBHA Physical Therapy Advisory Council meeting, the Kansas State Board of Healing Art's attorneys and Executive Director gave their interpretation of the language as being "inclusive" and thus limited to the designations, words/terms, initials and insignias contained in those paragraphs and no others. They further indicated that disciplinary action could be taken against any PT and PTA continuing the use of any specialty designators, other degrees, or any other credential(s) after their name other than those listed in the statute as they would be in violation of the statute.

The intent of S.B. 76 is to protect Kansas licensed PT's and PTA's in their right to utilize any designations and terms of their education they have rightfully earned and to thus provide patients of physical therapy with the knowledge necessary to make educated choices about their provider of care.

The KPTA respectfully asks for your support of S.B. 76.

*Move Forward.*  
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**APTA**  
American Physical Therapy Association

Senate Public Health & Welfare  
Date 2-7-2011  
Attachment 6



**To:** Senate Committee on Public Health & Welfare

**From:** Dan Morin  
Director of Government Affairs

**Date:** February 6, 2011

**Subject:** SB 76 – Concerning the Healing Arts; physical therapy and representation of licensure

The Kansas Medical Society appreciates the opportunity to appear today as a interested neutral party as you consider SB 76 which pertains to physical therapy, physical therapy assistants and representation of licensure.

Allied healthcare providers who have achieved their doctorate degrees are increasingly using the title of “Doctor” in their practice settings, advertisements, and other patient communications. As we have previously stated before the legislature and this committee, when a doctoral degree is cited among an individual's professional qualifications in any form of advertisement or other patient communication, the field of study for the degree should be specified in order to avoid confusion and/or misrepresentation. Individuals who use the title “Doctor” or the abbreviation “Dr.” in any form of advertising or other patient communication in connection with his/her practice should be required to simultaneously, and in direct conjunction, use a clarifying title, initials, abbreviations or designation, or language that identifies the type of practice for which he/she is certified or licensed. The Healing Arts Act currently requires similar disclosure for every licensee when presenting oneself to the general public:

**KSA 65-2885. Use of title by licensee.** No person licensed hereunder shall use a title in connection with his name which in any way represents him as engaged in the practice of any branch of the healing arts for which he holds no license: Provided, however, That every such licensee when using the letters or term "Dr." or "Doctor" shall use the appropriate words or letters to identify himself with the particular branch of the healing arts in which he holds a license.

A physical therapist, and any health care practitioner, should certainly be entitled to use a suffix indicating that they have earned an academic degree, including one at the doctorate level. However, it should also be abundantly clear that there is significant responsibility on any person using the prefix of “Dr”, or a suffix indicating the earning of a doctorate degree, that no one is led to believe that they are a licensed to practice medicine and surgery unless they are so licensed. SB 76 does not mandate disclosure of any title or earned degree but instead states “a physical therapist may designate or describe oneself . . .” Proper usage in written communication should be mandated. For example:

- Dr. Jane Smith, Doctor of Physical Therapy
- Jane Smith, DPT

In addition to written communication, examples of proper verbal communication would be “Hello, I am Dr. Jane Smith, and I will be your physical therapist.” When f

care, a physical therapist or any allied health care provider that uses the title "Doctor" is responsible to make sure that no person believes that they are licensed to practice medicine and surgery and appropriate disciplinary action should be taken in cases where the public is misled. In the event that a complaint is received by the Board that a physical therapist, or any non-physician health care provider, is representing themselves as a person licensed to practice medicine and surgery, the fact the complainant has that belief would indicate that the provider had not met the burden of responsibility.

An example of how this responsibility is performed by physician assistants practicing in Kansas can be found in K.S.A 65-28a08 (c):

"Before a physician assistant shall perform under the direction and supervision of a physician, such physician assistant shall be identified to the patient and others involved in providing the patient services as a physician assistant to the responsible physician."

The intent of the statute is to avoid any confusion due to the word "physician." The same confusion can be assumed to occur with the proliferation of health care providers using the term "doctor."

We also respectfully recommend amending or removing Section 1, subsection (b), beginning on line 9 and subsection (c), beginning on line 25. The American Board of Physical Therapy Specialties (ABPTS) states it offers board-certification in eight specialty areas of physical therapy: Cardiovascular and Pulmonary, Clinical Electrophysiology, Geriatrics, Neurology, Orthopaedics, Pediatrics, Sports, and Women's Health. Without appropriate statutory or regulatory direction it is feasible that a physical therapist licensed under the proposed bill could present oneself in an advertisement to the public as a Pediatric Doctor in bold-type while in small type elsewhere in the ad disclose the doctorate to be in physical therapy. An amendment to clarify the issue is needed, in our opinion, to ensure that the Board can carry out its enforcement functions in the best interest of the public.

Thank you for the time and opportunity to comment on SB 76.



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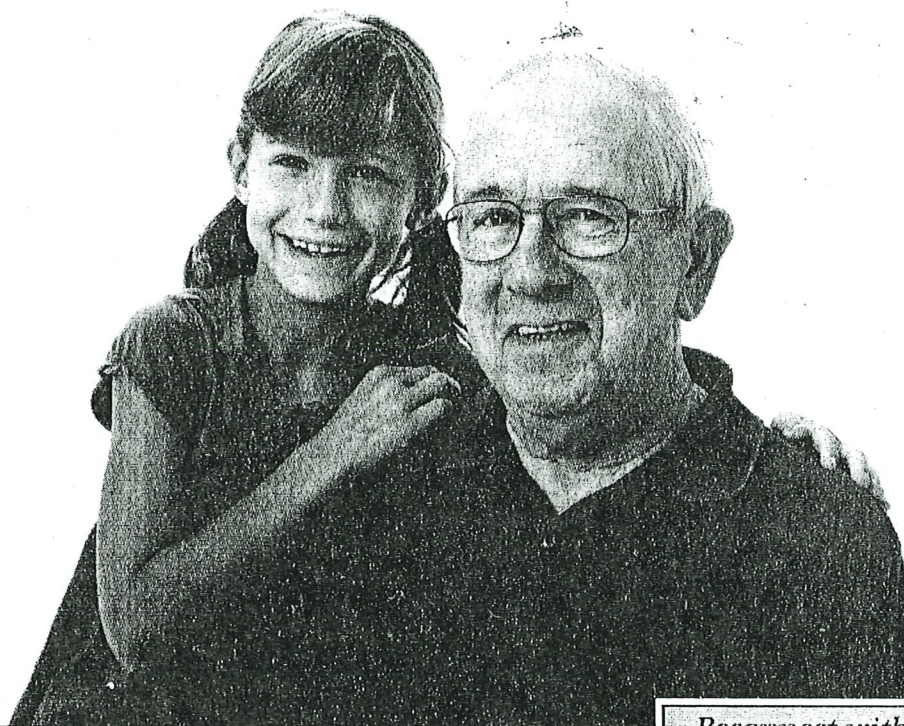
designate \$500 for direct deposit into a checking account and \$1,000 for direct deposit into a savings or emergency fund or retirement account, said Carol

Taxpayers are encouraged to complete 2010 Form 8888, "Allocation of Refund (Including Savings Bond Purchases)" by providing account and routing

ings or an emergency fund is recommended, the financial management specialist said.

"Saving regularly is the key to financial security," said Young.

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Kathleen Selzler Lippert  
Executive Director

Sam Brownback, Governor

To: Senate Public Health and Welfare Committee  
Senator Vicky Schmit, Chair  
Senator Pete Brungardt, Vice Chair  
Senator Haley  
Senator Huntington  
Senator Pilcher-Cook  
Senator Kelsey  
Senator Reitz  
Senator Steineger  
Senator Kelly

From: Kathleen Selzler Lippert  
Executive Director Kansas Board of Healing Arts

Date: February 7, 2011

Subject: SB 76 Relating to doctors of physical therapy and physical therapist assistants;  
representation of licensure, certification and credentials; amending KSA 2010  
Supp.65-2901 and 65-2913 and repealing the existing sections.

#### Neutral Testimony

The Kansas Board of Healing Arts (KSBHA) appreciates the opportunity to provide neutral testimony on SB 76. The mission of KSBHA is to safeguard the public and strengthen the healing arts. One important tenant of public protection is providing the patients with complete and accurate information about their health care providers.

The Physical Therapy Association seeks to expand the scope of titles used by individuals holding educational degrees to include "doctor of physical therapy". The proposed language to accomplish this representation includes somewhat ambiguous wording which provides that "any education degree" may be used.

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Senate Public Health & Welfare  
Date 2-7-2011  
Attachment 8

This broad language may be misleading to the public, create confusion or the opportunity for misrepresentation. For instance, if the proposed language is adopted as is, a person who is a duly licensed physical therapist and happens to hold a doctorate of political science or a juris doctorate could actually call themselves Dr. Smith, PT.

Additionally, there is a concern that patients in general are not well versed in the wide variety of health care professions and academic degrees. When a person walks into a room in a clinical setting and introduces themselves as "Dr. Smith" it is unlikely that the average patient would recognize or understand that the person is not a doctor of medicine and surgery or doctor of chiropractic, but is actually a doctor of physical therapy unless it is specifically spelled out or clarified by the practitioner. This concern is demonstrated in the multitude of complaints we receive where a patient complains that their doctor did something wrong and upon further investigation, it is determined that the provider is not even licensed by our board. Therefore, it is important that complete and accurate information be provided to the public in any clinical setting or other forum where a title referring to an academic degree is utilized by a health care professional.

Language in the following provisions of SB 76 may be misleading to the public, create confusion or the opportunity for misrepresentation.

**SB 76 Page 2, lines 26-30**

25 Asst. *Nothing in this section shall be construed to prohibit physical*  
26 *therapist assistants certified under K.S.A. 2010 Supp. 65-2906 and 65-*  
27 *2909, and amendments thereto, from listing or using in conjunction with*  
28 *their name any letters, words, abbreviations or other insignia to*  
29 *designate any educational degrees, certifications or credentials which*  
30 *such physical therapist assistant has earned.*

**SB 76 Page 2, line 46 and continued on page 3**

46 *Nothing in this section shall be construed to prohibit physical therapists*

**SB 76 Page 3, lines 1-4**

1 *licensed under K.S.A. 2010 Supp. 65-2906 and 1 65-2909, and amendments*  
2 *thereto, from listing or using in conjunction with their name any letters,*  
3 *words, abbreviations or other insignia to designate any educational*  
4 *degrees, certifications or credentials which such licensee has earned.*

**Page 3, lines 25-30**

25 Asst. *Nothing in this section shall be construed to prohibit physical*  
26 *therapist assistants certified under K.S.A. 2010 Supp. 65-2906 and 65-*  
27 *2909, and amendments thereto, from listing or using in conjunction with*  
28 *their name any letters, words, abbreviations or other insignia to*  
29 *designate any educational degrees, certifications or credentials which*  
30 *such physical therapist assistant has earned.*

We would be happy to respond to any questions. Thank you for your consideration.